



Office of General Services Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **46059E**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: L.E.B. Electric, Ltd 21 Seabro Avenue Amityville NY 11701 Federal ID No.: 11-2838947	Contract Description/Location: Upgrade Electrical System, Building 80 Sagamore	Date Proposal Approved:	Date Printed:	Bid Date: 03/22/2023	SDVOB GOAL 6
	Work/Job Order:	OGS Project Number:	Work Order Value:	Contract Amount: 1,825,000.00	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
Veteran Electrical Supply 132-20 Jamaica Avenue, Richmond Hill NY Federal ID No.: 45-5626330	Basic Material such as Pipe, Wire, Boxes	TBD	\$109,500.00		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:		
Contractor's Signature: 		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____		
Enter Name: William Parker				
Title: President				
E-Mail Address: info@lebelectric.com	Date: 04/18/2023			
		OGS Authorized Signature:	Enter Name: Shafia Booker	Date: 4/21/2023